052191

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3	6	
-	REG. NO	

250 DATE REC'D. BY REGISTRAR 256. RECT THAP S THE NATURE

0513

	CEASED NAME	FIRST		MIDDLE	U	AST	20 DATE OF DEATH	HINOM	DAY YEAR	26 HOUR
TYPE	E OR PRINT)	Mildr	ed	Swann	Ben	ton	Februar	v 8. 1	986	3:22a M
3 SE	X		4 RACE		5. DATE O		6 AGE (IN YEARS LAST		IF UNDER I YEAR	IF UNDER 24 HRS
	Female		Wh	ite	Aug.		82	YRS	MONTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE O	REOREIGN	16 CITIZEN OF	WHAT COUNTRY	8	NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DEATH	
	Maryland			S.A.	WIDOWE	DIVORCED [Charle			MD.
10 C	ITY OR TOWN OF DE	ATH		HOSPITAL, NURSI		ROTHER INSTITUTION	12a USUAL OCCUP.			OF BUSINESS OR
	La Plata		Physi	cians Me	morial	Hospital	Homema		Own	Home
	AL RESIDENCE (IF NU STATE Md .	113b COUN		130 CITY OR TO		13d. INSIDE CITY LIMITS?	13. STREET ADDRESS	s / zip coi	DE _	38 2064 Home
14. F/	ATHER'S NAME					15 MOTHER'S MAIDEN NA				
	John	Sam	uel	Swann		Catherine	e Oc	celia	Ra	aley
16a \	WAS DECEASED EVE			166 SOCIAL SEC	URITY NO.	17 INFORMANT	Re	1件3	Box 158	3
(YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	213-22	-0235	Benjamin Sv	wann Med	chani	csville	Md. 20
	18 CAUSE OF DEA PART I. DEATH	WASCAUSE	ly ane cause Re D BY: E CAUSE (a)		nd (c.)	coloni	Morio	, en	APPROXI	MATE INTERVAL ONSET AND DEATH
NO	gave rise to in cause (a), state underlying cou-	ing the se last.	(c)_	CONSEQUENCE ON TRIBUTING TO	un	NOT RELATED TO THE TERM	ulure IINAL DISEASE OR CO) ,	IVEN IN PART 1	a
CERTIFICATION	19a DATE OF OPER	ATION	19b COND	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	J. IN CERT	ES, WERE FINDING TIFYING CAUSES	NGS USED OF DEATH?
	210. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER NOTIFY ME	CAUSE OF DE	HOUR A		DAY YEAR	21¢ HOW INJURY OCCURI	RED (ENTER NATURE OF I	NJURY IN ITEM 18	B PART I OR PART 2)	
MEDICAL	21d INJURY OCCU	RRED		OF INJURY REET, FACTORY, OFFICE.	FARM, ETC)	211 LOCATION STREET	CITY OF	NWOTS	COUNTY	STATE
	220.1 certify that (tal attended to	And	(2)	nd that in (my) (aur) opinian	death accurred an the	e date and h	our and from the	that (I) we last causes stated
	226 SIGNATURE	lax		Mh	w,		MEDICAL S DIRECTOR PHY	TAFF SICIAN [27c. DATE	SIGNED 8 (
	22d. PHYSICIAN'S	VAME ITPER	OR PRINT			22e ADDRÉSS				
/	Georg	e Wath	en, M.D			La Plata,	Md. 2064	+6		
	BURIAL, CREMATION			23c	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
	(SPECIFY) Bur:	ial	2-10	-86 I	rinit	y Ch. Cemete	ery Newpo	ort C	harles	Maryla

Arehart Funeral Home, Inc. La Plata, Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

A COMMITTEE OF THE PROPERTY OF

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Male

MARYLAND

COUNTRY

TO BIRTHPLACE (STATE OF FOREIGN

10 CITY OR TOWN OF DEATH

Robert

(TYPE OR PRINT)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 📮

5. DATE OF BIRTH

Nov. 28,

MONTH

Bowman

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

B.

76 CITIZEN OF WHAT COUNTRY?

UNITED STATESVIDOWED

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

4 RACE

Black

CERTIFICATE OF DEATH

MARRIED X NEVER MARRIED

1909

REG. NO

9 BALTIMORE CITY OR COUNTY OF DEATH

22

20. DATE OF DEATH MONTH

6 AGE (IN YEARS LAST BIRTHDAY)

February

76

Charles

128 USUAL OCCUPATION

1986

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Retired Mixer GOV . LAPLATA hysicians Memortal Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION Charles Pisgah 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Maryland NO P Route 425/ 20640 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Thomas Bowman Rosie Thompson 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Route 2 Box 79U (YES, NO OR UNKNOWN) HE YES, GIVE WAR OR DATEST Ethel Mabel Bowman 215-44-4287 Indian Head .- Md No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) ANCER OF THE PANCREAS with Hetasber PART I. DEATH WAS CAUSED BY 3 morth DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? THE PANCREAS NOL 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21e PLACE OF INJURY 21d. INJURY OCCURRED 211 LOCATION COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM ETC) CITY OR TOWN STATE NOT WHILE 22a.1 certify that (1) (this hespital) attended the deceased fram February 22,1086 sow the deceased alive on_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not view the body after death 226 SIGNATURE DEGREE MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME LTYPE OF PRINTS 22e ADDRESS Aurelio DelaPaz, M.D. La PLata. Maryland 20646 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) BURIAL CITY OR TOWN 2-26-86 Macedonia Baptist Bryans Road Charles Md. 24 FUNERAL DIRECTOR THORNTON FUNERAL HOME POMONKEY, (VRA 15, 4)

DHMH - 16 60M 7/84

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Maria No.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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TATE OF MARYLAND OF HEALTH AND MENTAL HYGIENE

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	/	REGISTRAR				CEKITIF	CATE OF DEATH		REG. NO.		
	1 DEC	CEASED NAME	FIRST		MIDDLE	L	AST	20 DATE OF D		DAY YEAR	2h HOUR
2	{ TYPE	OR PRINT)	Shirl	ey :	Irene	Boyl	kin	2-10	-86		8:15 PM
	3. SEX	X		RACE	11 11	5. DATE O		6 AGE (IN YEA	RS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	1	Female		Cauca	asian	Jan	7. 1915	71	YRS.	MONTHS DATS	HOURS MIN.
1		RTHPLACE (STATE O	OR FOREIGN 7	& CITIZEN OF	WHAT COUNTRY?	8 AAA PRIET	NEVER MARRIED		CITY OR COUNTY	OF DEATH	
5		arvland		Ilnito	States			Charle	S		MD
1		ITY OR TOWN OF D	EATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME O	R OTHER INSTITUTION	120. USUAL OC	CUPATION OR MOST OF WORKING (IF		F BUSINESS OR
P	Z	LaPlata	129023	Inysi	clans me	MOLI	ar nospita	Homen	aker	Dome	stic
74	USUA 13a S	AL RESIDENCE LIF NO	136 COUN		136 CITY OR TOW		13d. INSIDE CITY LIMITS?		DRESS / ZIP CODE		
2	2.0	arvland		rles		Head	YES NO THE	D+ 2	Box 48		CHO
-	-	THER'S NAME	0114	1100	Lindian	neau	15 MOTHER'S MAIDEN N	AME	DOX 40	711	640
9	2	FIRST	N	NDDLE	LAST		FIRST		MIDDLE	LAS	
£,		Illiam		Sales	Herb		Evelyn	Lo	uise	Ha	У
1		VAS DECEASED EVE		WAR OR DATES)	166 SOCIAL SECU	RITY NO.	17 INFORMANT	and	ADDRESS		
		No	(275 116	2195	Robert M	and Bovki	n. Jr.	same	as 13
			ATH (Enter only	v one cause ne	r line for Jes. (b), and				4 1	APPROXI	MATE INTERVAL
		PART I. DEATH	WAS CAUSED	BY	aru	t. x	meso conti	af ind	Gasolina	BETWEEN	INSET AND DEATH
			IMMEDIATE	CAUSE (a)	0,000		1	- //			
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		Conditions, if an		(ıb)_	pre	mes	vary ell	me			
		gove rise to in couse (a), sta		DUETO	OR AS A CONSEQUE	NCE OF	V				
Н		underlying cou		100000	AS A CONSEQUE		is mell	stees	11		
		DART 2 OTHER CI	ChuelCabit Co	ONDITIONS C	ONTRIBUTION TO I	DE A THE DUIT	NOT RELATED TO THE TER	MINIAL DISEASE	OR COMPUTION ON	The DADT 1	
	Z	TAKE 2 OTHER SE	OTHIN CAINT C	0110110113	OTTENBOLISTO TO L	DEATH BOTT	TOT KEENTED TO THE TEK	WIITAL DISEASE	OK CONDITION GIV	EN IN PART III	
1	CERTIFICATION	190 DATE OF OPER	RATION	19b CONE	ITION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOP	SY? 20b. IF YES	, WERE FINDIN	NGS USED
4	FF							VES 🗆	IN CERTIF	YING CAUSES	OF DEATH?
	ERT	210 ACCIDENT WAS E	INDERLYING [7]	21h TIME (OF INJURY		21c HOW INJURY OCCU				NO L
1		OR CONTRIBUTING		110110 4	M. MONTH DA	Y YEAR	THE HOW INSORT OCCO	TENTER NATU	RE OF INJURY IN HEM IS P	ART TORPART 2)	
	CA	(IF EITHER NOTIFY ME			.M.	19	12.5 (GE 10 S)				
	MEDICAL	21d INJURY OCCU	JRRED		OF INJURY	ARM FICE	211. LOCATION		CITY OR FOWN	COUNTY	STATE
Н	2	WHILE NOT	WHILE	(Althorne 3)	THE PACTOR OFFICE P	Ann, Erc j					
	10.0	22a I certify that		al) attended t	he deceased from	2-	10 10 86	to 2	-10	10 86	that (I) (we) last
		saw the dece	ased alive an	2	-10 10 6	P 4 . an	d that in (my) (aur) apiniai	n death occurred	on the date and have		
		abave, (1) (we	(did) (did nat	view the body	alter death.						
		226 SIGNATURE		4	^	-	DEGREE ATTENDING	MEDICAL	STAFF	22c DATE	
1		4929	mo /	Sar	sea, m	10.	PHYSICIAN	DIRECTOR		2-1	10-86
		and district	NAME (TYPE OF				22e ADDRESS				
		Ignaci	a Gar	cia, l	M, D,		La Plata	,Maryla	nd 20646	5	
	23a B	BURIAL, CREMATION	N REMOVAL	23b. DATE	[23, N	JAME OF C	METERY OR CREMATORY	23d LOCAT	ION		
		SPECIFY)					DIETERT OR CREMATORT	CITY OF		COUNTY	STATE
	04.5	Buri	al	2-14	-86 Tr	inity	Mem. Garde	ens Wa	ldorf,	Charle	
		JNERAL DIRECTOR			ADDRESS_			ATE REC'D. BY REC	GISTRAR 256 REGIST	2	URE
	H	luntt Fu	neral	Home	PO Boxl	56, Wa	aldorf, MdF	FB 131	986 States	Davidson-1	Janoane

DHMH - 16 60M 7/84

IMPORTANT: If Item 21 is

(VRA 15, 4)

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Leo C. Butler February 24, 1986 9: 3 SEX 4 RACE S DATE OF BIRTH MONTH DAY YEAR APRIL 24, 1912 73 YRS. Male BLACK APRIL 24, 1912 73 YRS. 4 RACE SUBJECT OF WHAT COUNTRY? ARRIFOLD DAYS HOUSE INTERPRETABLE OF WHAT COUNTRY? ARRIFOLD DAYS HOUSE INTERPRETABLE OF WORK FOR MOST OF WORKING LIFE; INC. IT IN AME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE; IND. STATE SUBJECT OF WORK FOR MOST OF WORKING LIFE; IND. STATE SUBJECT OF WORK FOR MOST OF WORKING LIFE; IND. STATE STATE DAYS AND LABORER GOVERNI 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE; IND. STATE DAYS OF WORK FOR MOST OF WORKING LIFE; IND. STATE DAYS OF WORK FOR MOST OF WORKING LIFE; IND. STATE DAYS OF WORK FOR MOST OF WORKING LIFE; IND. STATE DAYS OF WORK FOR MOST OF WORKING LIFE; IND. STATE DAYS OF WORK FOR MOST OF WORKING LIFE; IND. STATE DAYS OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORKING LIFE; IND. STATE DAYS OF WORK FOR MOST OF WORK FOR MOST OF WORKING LIFE; IND. STATE DAYS OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORKING LIFE; IND. STATE DAYS OF WORK FOR MOST	6 1	FOR STATE REGISTRAR			DEPART	MENT OF E	E OF MARYLAND BEALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8	6 REG. N	0	5	Personal	3 5
Leo C. Butler February 24, 1986 9: I SEX 4. RACE S DATE OF BIRTH DAY YEAR APRIL 24, 1912 73 YRS. Male BLACK APRIL 24, 1912 9. BAITIMORE CITY OR COUNTY OF DEATH WARRIED UNITED STATE SWIDOWED DIVORCED CHARLES WIDOWED DIVORCED D			FIRST		MIDDLE		AST					YEAR	2b HOUR
Male BLACK BRITHPLACE (STATE OR FOREIGN MARY LAND UNITED STATE SWIDOWED DNORCED CHARRIED III. CITY OR TOWN OF DEATH UNITED STATE SWIDOWED DNORCED III. CITY OR TOWN OF DEATH UNITED STATE SWIDOWED DNORCED III. CITY OR TOWN OF DEATH UNITED STATE SWIDOWED DNORCED III. CITY OR TOWN OF DEATH UNITED STATE SWIDOWED DNORCED III. CITY OR TOWN OF DEATH USUAL RESIDENCE (IF NUTSING-HOME OF ORDER INSTITUTION) III. CITY OR TOWN OF DEATH USUAL RESIDENCE (IF NUTSING-HOME OF ORDER INSTITUTION) III. CITY OR TOWN OR HESDER WESTER HOUSEN STORED TO THE RESIDENCE STORED ADMISSION) III. CITY OR TOWN OR HESDER WESTER HOUSEN STORED TO THE RESIDENCE STORED ADMISSION III. CITY OR TOWN OR HESDER WESTER HOUSEN STORED TO THE RESIDENCE STORED ADMISSION III. CITY OR TOWN III. CITY OR TOWN OR HESDER WESTER HOUSEN STORED TO THE RESIDENCE STORED ADMISSION III. CITY OR TOWN OR HESDER WESTER HOUSEN STORED TO THE RESIDENCE STORED ADMISSION III. CITY OR TOWN III. CITY OR TOWN OR HESDER WESTER HOUSEN STORED TO THE RESTORED TO THE RES			Leo	C		But.	Ler					9:3	
Male BLACK APRIL 24.1912 73 YRS. Parily Description BLACK APRIL 24.1912 73 YRS. BRITHPLACE (STATE OR FOREIGN MARKED) BRACK MARKED X NEVER MARKED IN EVER MARKED DIVORCED DIVORCED DIVORCED Charles Charles Charles IL Plata Physicians Memorial Hospital LABORER USUAL RESIDENCE (IF NUBSING HOME OR OTHER INSTITUTION CIVE RESIDENCE REFORE ADMISSION) DISTRIP MARYLAND LA PLATE BUTLER MODIE IL FATHER'S NAME JAMES BUTLER MODIE IL FATHER'S NAME JAMES BUTLER MODIE IL ST BRAWN IS CAUSE OF DEATH LETTER OR OR DATES) IL CAUSE OF DEATH LETTER OR OR DATES BUTLER MODIE IL ST BRAWN IS CAUSE OF DEATH LETTER OR OWN OR DATES DUE TO, OR AS A CONSEQUENCE OF PART 1. DE ATH WAS CAUSED BY. IMMEDIATE CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT OF	3 SE			4 RACE	To lace by			6. AGE (III	N YEARS LAST BI	RTHDAY)			HUNDER 24 HRS
MARYLAND UNITED STATE \$\text{widowed} \text{ inversions home of the rinstitution is such facility, give street address)}		Male		BLAC	K			73	3	YRS.			
10 CITY OR TOWN OF DEATH						AAADDIE	NEVER MARRIED						MD
USUAL RESIDENCE (IF NURSING HOME OR CHARLES) 136 CITY OR TOWN MARYLAND CHARLES NANJEMOY 136 INSIDE CITY LIMITS? YES NO ME BOX 115A/20662 14 FATHER'S NAME JAMES BUTLER 15 MOTHER'S MAIDEN NAME FIRST JAMES BUTLER 16 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) NANJEMOY 18 CAUSE OF DEATH IEnter only one couse per line for you, (b), ong ic: MARYLAND 136 INSIDE CITY LIMITS? 136 STREET ADDRESS / ZIP CODE BOX 115A/20662 15 MOTHER'S MAIDEN NAME FIRST NETTIE BRAWN 17 INFORMANT ADDRESS 20 20 - 03 - 8537 Lucille Butler Box 115A Nanjemoy APPROXIMATE BETWEEN ONSET DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I to					HOSPITAL, NURS IN	NG HOME (OR OTHER INSTITUTION	120 USUA (TYPE OF WO	L OCCUPAT	FE) IND	BUSINESS OF		
JAMES BUTLER BUTLER NETTIE BRAWN 166. WAS DECEASED EVER IN U.S. ARMED FORCES? NO UNKNOWN) NO NA WAR OR DATES) 167. YES NOOR UNKNOWN) 18 CAUSE OF DEATH LEnter only one couse per line for you, (b), ong ic: PART I. DEATH WAS CAUSED BY. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause lo), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I to	130	STATE	13b COL	OR OTHER INSTITUTION	GIVE RESIDENCE BEFOR	RE ADMISSION)	13d. INSIDE CITY LIMITS?						1
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to	AECON FIRST			MIDDLE			FIRST				I		
18 CAUSE OF DEATH lenter only one couse per line for ion, (b), and ic: PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse ion, stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I to			I) I (IF YES, G	IVE WAR OR DATEST				tler			Nar	njem	20662 ov, Md
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost DUE TO, OR AS AGONSEOUT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I		18 CAUSE OF D PART I. DE AT					2					APPROXIA	
		gave rise to cause (a), s	immediate tating the	(b)	(b) anima								40
190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS	Z O	PART 2. OTHER	SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISE	ASE OR COM	NDITION GIV	EN IN I	PART 110	
YES NO YES NO	TIFICATI	190 DATE OF OP	ERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		/	IN CERTIF	FYING		

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22a.1 certify that (1) (this hospital) attended the dece saw the deceased alive an abave, (I) (MP) (did M did not) view the body ofter death and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 226 SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ATTENDING

Robert Timothy Pace. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE

22d. PHYSICIAN'S NAME TO THE PARTY OF THE PA

BURIAL

23c NAME OF CEMETERY OR CREMATORY OAK GROVE CHURCH

22e ADDRESS

20601 CITY OR TOWN COUNTY

STATE

24 FUNERAL DIRECTOR

(SPECIFY)

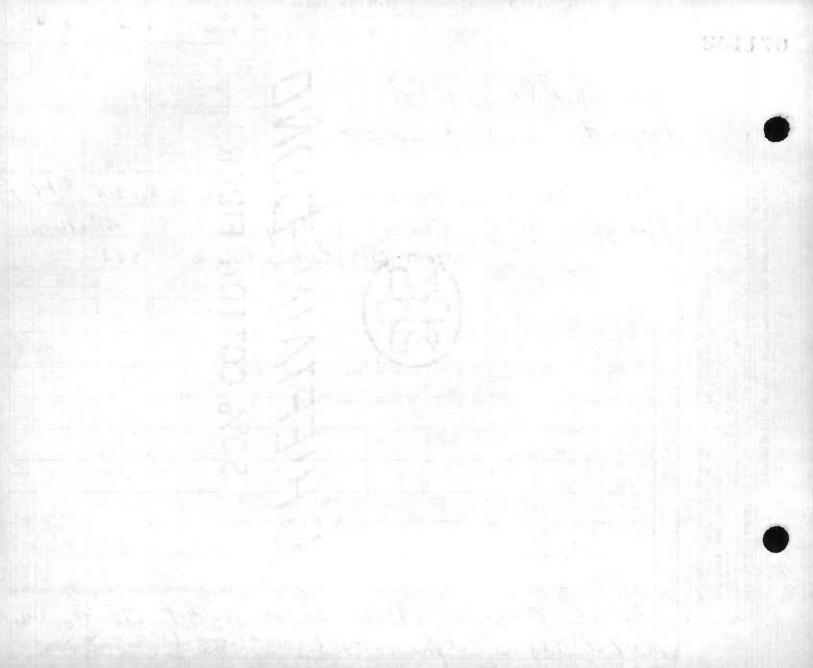
THORNTON'S FUNERAL HOME POMONKEY, MD.

MARCH 1,86

GRAYTON CHARLES

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 071142 DECEASED NAME 20 DATE KNOWN 2b HOUR (TYPE OR PRINT) ESTI-10 86 CHASE 28 **JAMES** 2 DEATH MATED X 4. RACE YEAR 5 DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR THE UNDER 24 HRS DATE 74 HOUR LAST SIRTHDAY PRONOUNCED 19 86 28 DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED WIDOWED Charles County II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS TOWN OF DEATH OR INDUSTRY FOR MOST OF WORKING LIFE! a Plata Physicians Memorial Hosp. (DOA) 13d. INSIDE PITY LIMITS? 13e STREET ADDRESS yantown FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE 17 INFORMANT ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY Alcoholism IMMEDIATE CAUSE (a)___ DUE TO, OR AS A CONSEQUENCE OF Conditions, il any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION USED AS 190 DATE OF OPERATION 19h, CONDITION FOR WHICH OPERATION WAS PERFORMED? 78. AUTOPSY? YES [NO X EXECUTE THE CERTIFICATE, WRITING THE WOR PAGE 4 SHOULD BE FORWARDED TO THE CI TO FUNERAL DIRECTOR: PAGE 3 SHOULD BEI AFTER DEATH, WITH THE STATE DEPARTMENT BALLIMORE, MARYLAND, 21201 PRIQR TO BU 710 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME III. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 220. I certily that I taak charge at the remains described above, held an Autopsy Inspection Inquiry and in my apinian Natural causes X death resulted fram: Accident Hamicide L Undetermined manner TITLE (SPECIFY) ACTUAL SIGNED 3-2-86 M.D. Assistant MEDICAL EXAMINER SIGNATURE 111 Penn St., Balto., MD Ann M. Dixon, M.D. 21201 73c. NAME OF CEMETERY OR 07/84 BP 25M 24 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5))



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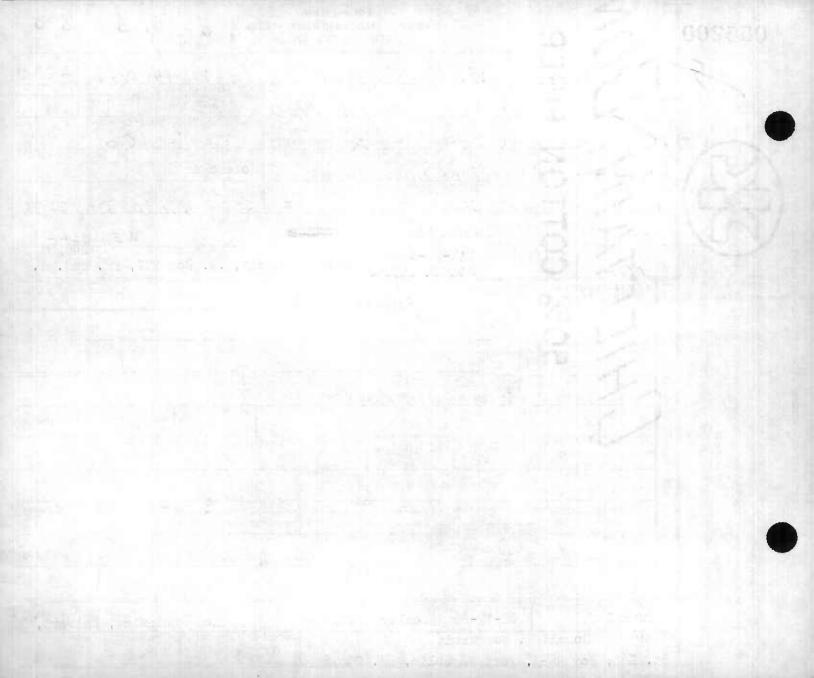
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CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH YEAR DECEMBED NAME MIDDLE 26 HOUR 50 6 AGE LIN YEARS LAST BIRTHDAY IF UNDER LYEAR IF UNDER 24 HRS 9 BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR type of work for most of working life) Homemaker INDUSTRY 13e.STREET ADDRESS / ZIP CODE WESSELLS ADDRESS Stephen Clagett, P.O. Box 272, Pr.Fred.Md. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 THE IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATHY YES IT NO IT THE HOW INJURY OCCURRED. | LINES HAT UP OF HALLING IN FILM IS THEN LORKART 2) City clair (clair) county and that in (my) (aur) apinion death accurred on the date and have and from the causes stated 22c. DATE SIGNED STAFF PHYSICIAN TIPRECTOR PHYSICIAN CITY OR TOWN 02-17-86 Burial Wesley Methodist Prince Frederick, Calvert, MD 24 FUNERAL DIRECTOR Donald V. Borgwardt 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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FUNERAL HOME, INC., LAPLATA, MD.

DHMH - 16 60M 7/B4 (VRA 15, 4)

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DHMH - 16 50M 4/83		INERAL DIRECTOR		ADD	RESS		3 CATE	RECID. BY REGIST	RAR 256 REGIST	RAR'S SIGNA	ATURE 04
(VRA 15, 4)	A	REHART FUNE	RAL HOM	E, INC.	,LAPLA	TA, ME			0		

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STATE OF MARYLAND

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The law requires that the death certificate be executed with the law requires that the actending physician and compute this certificate has been signed by the attending physician and compute the sast burial. Then please remove carbonpaper. Pages gird with and Mental Hygiene prior to burial, cremation, or removal.	NO	diabe	de	niell	eller	PG	when	rous.							
bee bee	CERTIFICATION	19a DATE OF OPERAT	ION	19h COND	TION FOR WH	ICH OPERATIO	N WAS PERFO	RMED	20a AUTOF	SY? 20h	IF YES, WER	E FINDING	GS USED		
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A Af		22a.l certify that (I)	(this hospi	tal) attended t	he deceased fro	m	1/10	19 / 5	, to	VIIY	190	(P , II	not (I) (we) ast		
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Surfal 2-18-86 ft. sture offers common Charles, id. a P.D. Ben 156 Huntz Funeral direc, Maldorf, Ld. 20801 v. 3 - P. 168

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for, pag	3. SE	Female	4. RACE		S. DATE C	DAY	YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAY	
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REC ped ppt.		775 SIGNATURE	dir view the bod	y ofter death.	- 3	DEGREE			1226 DA	TE SIGNED
AL DIRECTOR Jetoched for u ste Dept. of Ho II; If them 21 is		IVH	ace				TTENDING PHYSICIAN	MEDICAL STAFF	5	18/26
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TO FUNERAL D should be detor with the State E IMPORTANT: H		KTTA	CE			10	DOX	049 WAldo	rl- /	10 20601
E ⊢ 2 3 ₹	23a. l	SURIAL, CREMATION, REMOVAL				EMETERY OR C		236 LOCATION	COUNTY	STATE
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NH - 16 50M 4/B2		JNERAL DIRECTOR		ADDRESS			25a. DAT	E REC'D. BY REGISTRAR 256. REG	ISTRAR'S SIGN	ATURE
(VRA 15, 4)	A	rehart Funera	al Home	e, Inc. L	a Pl	ata, Md	-dea	1.3 4000 1. 1. K	A78	and the s

action to be to decide and and an added to be tell and and Agelert Fungral Home, int. is Flata. Md. injury, or ather traumatic event,

IMPORTANT: If them 21 is marked or them 18 in-

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STATE OF MARYLAND

	FOR STATE REGISTRAR				AND MENTAL HYG	IENE 8 5	0	5 !	2	6
4	DECEASED NAME FIRS	OLIVER MID	PRESTO	N LAST H	AMILTON	20. DATE OF DEATH	MONTH DA	3 86	26 HOUR	PM
	3 SEX Male	Caucas:	lan	ATE OF BIRTI	DAY YEAR	6. AGE (IN YEARS LAST BIR		FUNDER YEAR	IF UNDER 24 HOURS	MIN.
2	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) MD	USA	WID	OWED	DIVORCED [BALTIMORE CITY C	28			MD.
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4	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	196. CONDITIO	TION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO			?	
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	OR CONTRIBUTING CAUSE OF CITY MEDICAL EXA ZIEL INJURY OCCURRED WHILE NOT WHILE AL WORK AT WORK	WHILE NOT WHILE THE NAME STREET, FACTORY, OFFICE, FARM,				711. LOCATION STREET CITY OR TOWN			STAT	I E
	220.1 certify that (1) (this 1 saw the deceased alivabave, (1) (we) (did) (d	- 7	- 1986	_, and that	-	eoth accurred an the de	ate and have a		hat (I) (we) ouses state	
	22h SIGNATURE	Lonalt G. S. RATH, M.D. M.D ATTENDING MEDICAL STAFF 2/24/86								
		Maldo	rf, Md. 20601		DDRESS					
L	Burial CREMATION, REMO	2/26/8	6 0akl	and C	emetery	23d LOCATION CITY OF TOWN Waldor	f Ch	county		TE ID_
1	Puntt Funeral Director	al Home	Waldorf.	x 156 Md 2		REC'D. BY REGISTRAR		AR'S SIGNATU		

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO HOSPITAL

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February 25, 1986 Fort Lincoln Cemeter

Lee Funeral Home, Inc.

Old Alexander Ferry Road, Clinton, Maryland

CITY OR TOWN

Brentwood.

STATE

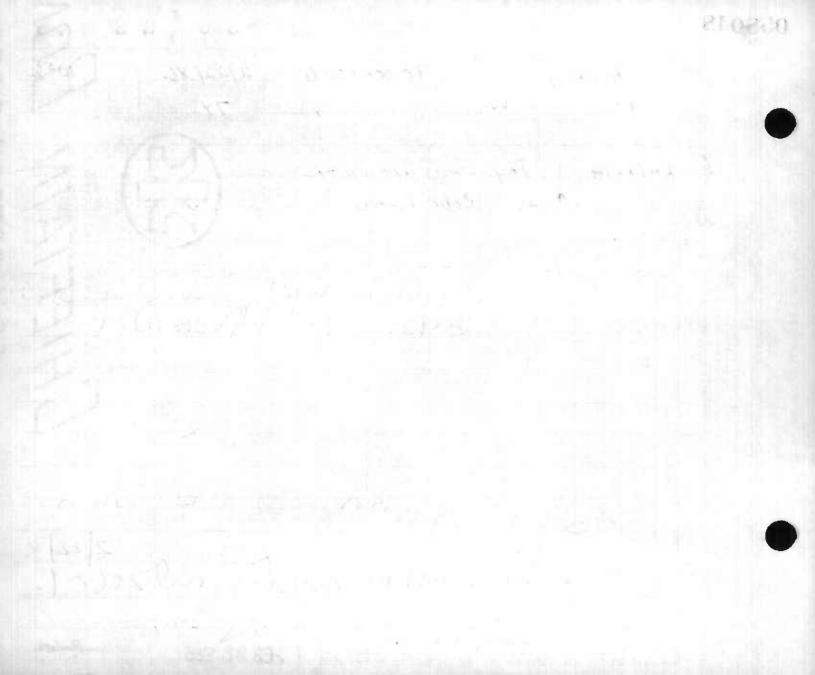
Maryland

/ISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND

(SPECIFY)

OHMH - 16 60M 7/84 (VRA 15, 4) 663 Burial

24 FUNERAL DIRECTOR



	FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	1 20m 1 A C
058003	1 - STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. M	5 1-43
0000	1. DECEASED NAME FIRST	MIODLE LAST 20 DATE KNOWN	MONTH DAY YEAR 26 HOUR
S NECESSARY, PLEASE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. D, WITHIN 72 HOURS W. PRESTON STREET,	Clarence	R. Lancaster OF ESTI-	2-24 10 86 03:38
PECTON PETTON PECTON PECTON PECTON PETTON PECTON PETTON PETTON PETTON PE	3. SEX 4 RACE	5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH DAY YEAR LASTE HOAY) MONTHS DAYS HOURS MIN. PRONOUNCED	MONTH DAY YEAR 24. HOUS
OUR ON	MB	06 - 07 - 66 19 YRS. DEAD	2-24-1086 OS:58
SSS AL PALL ALL THE STATE OF TH	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		OR COUNTY OF DEATH
SAN CANA	Va.	U.S.A. WIDOWED DIVORCED CHAR	LES MD
PAGE S FRIED.	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (TYP FOR MOST OF WORKING LIFE)	
\$ 5 A ECO	Itughesville	Rt. 1, Box 273C Student Student	School
POTE STORY DELY	USUAL RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NTY / 13c CITY OR TOWN 13d INSIDE (ITY LIMITS? 13e STREET ADDRESS _	20637
第 多条語支持と	mn Cho	TY ES Hughesville 13d Inside (ITY LIMITS? 13e STREET ADDRESS BOX	c 273C
SOLITH.	14 FATHER'S NAME	MIDDLE LAST 15. MOTHER'S MAIDEN NAME MIDDLE	LAST
DEATH. DEATH. GES 1. AND 2	Clarence	R. Lancaster, Sr. Juanita	Douglas
MI MAGENTA	160 WAS DECEASED EVER IN U.S. AR	E WAR OR QATES)	00000 000 //
S ATTROPE S ATTROPE GIVE PAGES GIVE PAGES INTE FORM P MISION OF	No	224-25-6607 Clarence R. Lancaster	r, Sr13 above
2 6 3 E G	18 CAUSE OF DEATH (Enter of PART) DEATH WAS CAUSE	nly one cause per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ST THIN 24 HO STEW TEM THY STEW FEW TVAL		ATE CAUSE (o) Storgan Wound of the	
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	gove rise to immediate	(b) <u>Surface</u>	
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	A A A A A A A A A A A A A A A A A A A	(c)	
CERTIFICATE SHOULD BE EXECUTING THE CHEF MEDING." DED TO THE CHIEF MEDICAL. E 35 SHOULD BE USED AS A BUILD BE DEPARTMENT OF HEALTH AND IN PRIOR TO BURIAL, CREMATH.		S CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
RECO LD BE PENDI MEDI MEDI MEDI MEDI MEDI MEDI MEDI ME	110 DATE OF OPERATION 210 EXTERNAL CAUSE WAS	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
Z SP HIEF SPOUL	FIC	THE CONTROL WHICH CHARLES	
WOON BE	21a EXTERNAL CAUSE WAS	216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY INJURY INJURY IN 18	PART 1 OR PART 2)
S S S S S S S S S S S S S S S S S S S		HOUR AM MONTH DAY YEAR	"heat
DIVISION OF VITAL S CERTIFICATE SHOU RITING THE WORD." RDED TO THE CHIEF RES SHOULD BE USE RESPERTANTENT OF PRICE TO BURIAL	CONTRIBUTING CAUSE OF ZIG. INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (ATHOME, 211. LOCATION)	<i>//</i>
	WHILE NOT WHILE	X STREET FACTORY, FARM, ETC.) Rt. 1 Box 273C Hughecitille	Charles MD
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A T T T T T T T T T T T T T T T T T T T			nd in my opinion
EXAMI CERTIFI ULD BE DIRECT WITH	death resulted fram: Note	prol causes, Accident	
A SOUTH A	ACTUAL COURS	Accept to	DATE 3/24/86
SEAT STATE		MEDICAL EXAMINER	SIGNED 7 17
M Signature S	(TYPE OR PRINT)	id N. Gingrich ADDRESS	
TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR; PAGA PAGA AFTER DEATH, WITH THE STATIR BALTIMORE, MARYLAND, 2120	23 BURIAL CREMATION, REMOVAL	236 DATE 236 NAME OF CEMETERY OF CREMATORY 23d. LOCATION	COUNTY
07/84 BP	(2,000,01)	2/28/86 MARYLAND NATE MEN. PARK BELTSVILL	LE P.G. MD.
25M DHMH - 17	24 FUNERAL DIRECTOR	250. DATE REC'D, BY REGISTRAR 126 REGI	ISTRAR'S SIGNATURE
(VR A1S ME (S))	H. J. WASHINGTON +	SONS 4925 BURROUGHS AVE, N.C. FFR 2.6 1986	A . INCOMPAGE STATE

STATE OF MARYLAND

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in by the funeral director page 3 filed within 72 hours ofter death

n and completely filled

	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MEN

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	Č REG. NO.	0	5	1	4	
	REG. NO.					

J		REGISTRAR			CERTIFICATI	E OF DEATH	REG. NO.	0 3	1 4 7
4		CEASED NAME FIRST	MID	DLE	LAST		20. DATE OF DEATH MON	TH DAY YEAR	2b. HOUR
	(11)6	Willi	e	Ruby	Lewi	S	February 26,		11:33 A
	3. SEX		4 RACE		5. DATE OF BIRTI		6 AGE (IN YEARS LAST BIRTHDA	MONTHS DAT	
	F	EMALE	CAUCAS		APRIL	11 1905	80	YRS	
7		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WH	HAT COUNTRY?	MARRIED -	NEVER MARRIED	9 BALTIMORE CITY OR C	OUNTY OF DEATH	
		rth Carolina	USA		WIDOWED	DIVORCED [Charles		MD.
1	10 C	ITY OR TOWN OF DEATH		ACILITY, GIVE STREET	ADDRESS)		120 USUAL OCCUPATION	PRKING LIFE) INDUSTR	
4		AL RESIDENCE (IF NURSING HOME OR	Physician	ns Memor	ial Hosp	ital	Seamstress	U. S	. Govit
2	13a S	MD CHAR	ITY 13	CITY OR TOWN	HEAT YES		130.STREET ADDRESS / ZII	oad / 20	640
A		ATHER'S NAME FIRST	MIDDLE	LAST	15. MC	OTHER'S MAIDEN NA	MIDDLE		AST
4		lter T. Burk				Elizabet		Davi	dson
		VAS DECEASED EVER IN U.S. AR	E WAR OR DATES!	SOCIAL SECU		FORMANT daug			
-		No		213-22-	0633 A.	lice N. H	lepner		13
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per lin	ne for (a), (b), onc	1151			BETWEE	DXIMATE INTERVAL N ONSET AND DEATH
		IMMEDIATE CAUSE (D) USINTOL							
		DUE TO, OR AS A CONSEQUENCE OF							
		Conditions, if pny, which gave rise to immediate							
		couse (b), stating the underlying couse last.	DUE TO, OR A	S A GONSEQUE	De Dal	usian R	ight Ilia	-	
	NOI	PART 2 OTHER SIGNIFICANT OF	ONDITIONS CON	TRIBUTING TO D	DEATH BUT NOT R	Lites 10 the term	INALDIREASE OR CONDITION	ON GIVEN IN PART	10.
1	CERTIFICATION	198 DATE OF OPERATION	196 CONDITIO	ON FOR WHICH	OPERATION WAS	PERFORMED		b. IF YES, WERE FIND CERTIFYING CAUSE YES T	
Ħ	CER	210 ACCIDENT WAS UNDERLYING			21c H	IOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	HEM IB PART I OR PART 2	
		OR CONTRIBUTING CAUSE OF DEA	illi	MONTH DA	19				
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF	INJURY FACTORY, OFFICE, FA	211. L	OCATION STREET	CITY OR TOWN	COUNTY	STATE
97	2	AT WORK NOT WHILE AT WORK	THE STREET	TACTORI, OFFICE TA	ann cicy				
		22a I certify the (1) (this hospi	0 0		12-10			6, 19 86	. tho (1)(we) lost
		spw the deceased alive on above (1) we) (did (did no	view the body of	ter death.			death accurred on the date of		
		226. SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN						7	24-86
		22d PHYSICIAN'S NAME (TYPE O	R PRINT)		72e A	DDRESS			503
		Henry L. Bi	rke. M.D				ert & Howard S		391,
		BURIAL, CREMATION, REMOVAL			AME OF CEMETE	RY OR CREMATORY	23d LOCATION	POLATO	STATE
		Burial	3/1/8	6 Tr	cinity	Memorial	Waldorf	Charle	s MD
-		JNERAL DIRECTOR				25a. DAT	E REC'D. BY REGISTRAR 25b		TURE
	HU.	NTT FUNERAL	HOME, I	NC., WA	LDORF.	MD FF	B 2 8 1986 4	cha Davidson	Rando CO

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burnal-transit permit. Then please remove carbon papers. P with the State Dept, of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, or other troumotic event,

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1		EASED NAME	FIRST		TAILE	MIDDLE	AEK 3	LAST	CATE OF	20 DATE	REG.		DAY YEAR	Zb HOUR
4-10-70	(TYPI	E OR PRINT)	011-		Nou	ton	D.6		Jr.	OF	ESTI- MATED			
ACCE SEE	3. SEX		Charle	5. DATE OF B		6. AGE (IN)	EARS IF UN	ills DER I YR.	IF UNDER 24			□ 2/	21/1986	-
S AECCSSARY, P FLINERAL DIREC E S FOR YOUR D, WITHIN 72 H W RESSION ST		ale	Cau		7,	1936 49	YRS.			PRONOUN DE AD	NCED	2/	21/19 8	4:50 6 P M
POR ALL MARTHIN	7a. Bli	RTHPLACE (ST				AT COUNTRY?	8 MARR	ED X NE	VER MARRIED	9. BALTIM	ORE CITY	OR COUNT	Y OF DEATH	
SAN SAN T		ashing			USA		WIDOW		DIVORCED	Crica.		County		MD.
PAGE FRIED	10. CT	TY OR TOWN	OF DEATH			ITAL, NURSING HOA		ER INSTITU	ITION	20. USUAL OCCUP FOR MOST OF WOR	KING LIFE)		OR INDUS	TRY
#2" # V		aPlata				n's Memori		spita	1	Fire F	ight	er	DC Go	V
D. 21201 IF ANY DE 2. AND 3 T 3. RETAIN SHOULD	13a. S1	Maryl	and CI	narle	ON, GIVE	RESIDENCE BEFORE ADMIS 134 CITY OR TOWN Nanjemo	y y	tad INSIDE C	NO TO	30 STREET ADDRE	ss Box	-17	2066	2
RE, MD.	14. FA	THER'S NAME		MIDDLE		LAST		15. MOTH	ER'S MAIDEN	NAME	IDDLE		LAST	
DEATH DEATH WM PM OFFEN OFFEN OFFFEN OFFFFEN OFFFEN OFFFFFFEN OFFFFFFFFFF		Charle				Sr.		Ma:	rgare	t E.	11001	Summ	ners	
AFTER AFTER H FOR H FOR ISION	16a. W	VAS DECEASED ES, NO, OR UNKNO No	DEVER IN U.S. ARM	ED FORCES?	_	578-50-2		17. INFOR		Mills	ADDŖE	Same	as #1	3
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TO MEDICAL EXAMINER: THE EXCUTE THE CRETIFICATE, WE PAGE A SHOULD BE FORWA TO FUNERAL DIRECTOR: PACH AFTER DEATH, WITH HIE STAIN BALLIMORE, MARYLAND, 212		22a certif death resulte ACTUAL SIGNATURE_ EXAMINER'S I	d from: Noturo	l causes XX	1	M	1	, Homic	SPECIFY)	Undetermined mo	onner	ond in my ap], DATE SIGNE	2/22	2/86
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07/84 BP	(5)	Bur		2/24/		Z3c. NAME OF CI				23d LOCATION CITY OF TOWN	f, C	Charl	es, Ma	rylan
25M DHMH - 17 (VR A15 ME (5))		ntt FL	ror I neral H	ome AC	DRESS	o. O. Box Jaldorf,		0601	CCD	25 1986	R 256 RE	GISTRAR'S S	IGNATURE	6

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(VRA 15, 4)

STATE OF MARYLAND

DHMH - 16 60M 7/84

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THORNTON FUNERAL HOME

2-13-86

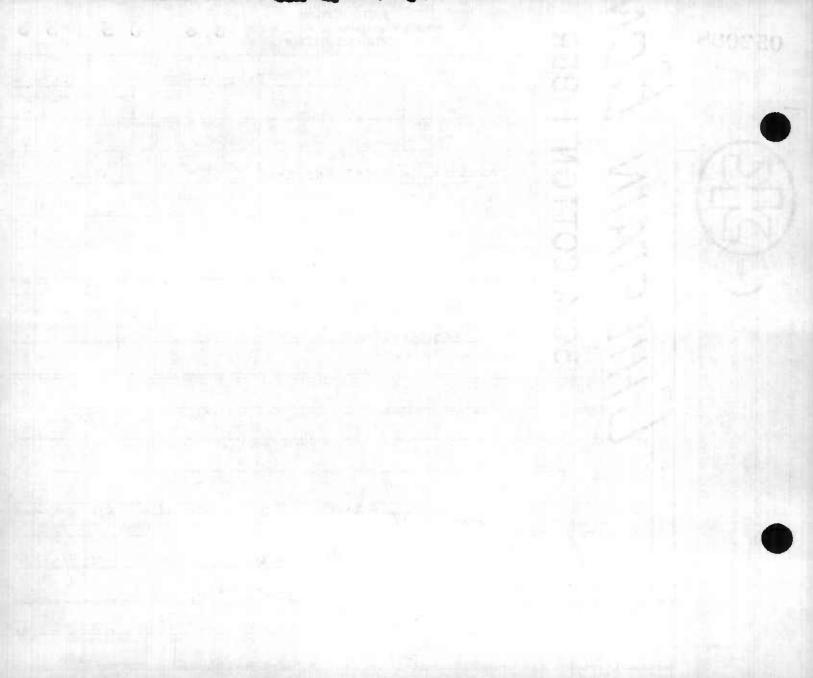
BURIAL

24 FUNERAL DIRECTOR

POMONKEY, MD.

Church of Lord Jesus

Jesus Ironside Charle
250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE



052207

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR CERTIFICATE OF DEATH

							REO. IV	0.					
	PE OR PRINT	FIRST		WIDDLE		AST	20 DATE OF DEATH	MONTH	DAY YEAR	2h HOUR A			
		ROBERT		ee	SOUT	CHERLAND, Sr.	FEBRU		9 86	0420 m			
3. S			4 RACE		5 DATE O	D.14 WE.15	6 AGE (IN YEARS LAST BE	THOAY)	MONTHS DATE	IF UNDER 24 HRS			
	Male		White		Nov	. 17, 1906	79	YRS					
70	BIRTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF		NTRY? 8	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH						
	Maryland		U.S.	Α.		DXX DIVORCED	CHARLES	Coun	ty,	MD.			
10	CITY OR TOWN OF	DEATH			URSING HOME O	ROTHER INSTITUTION	120 USUAL OCCUPAT	OF WORKING I	IFET INDOUGHRY	N-BUSINESS OR			
	A PLATA		PHYSICI	ANS MI	EMORIAL I	HOSPITAL	Propelle	nt H	andler	,Ret.			
	UAL RESIDENCE (# P	138 COUN		GIVE RESIDENCE		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP COD	Œ				
M	aryland	Cha	rles	Mar	bury	YES NO 💢	P.O. B	ox 8	5 ,Zip	20658			
14.1	FATHER'S NAME		MIDDLE	LAS		15 MOTHER'S MAIDEN NAM	AE MIDOLE		(AS				
1	Theodo	ce S	outher	land		Maggie	Scott	=					
160	WAS DECEASED EN	ER IN U.S. AR	MED FORCES?		SECURITY NO.	17 INFORMANT	ADDR	0.	r.,				
L	NO OR UNKNOWN			215-	44-367	Robert L.	Southerl	and,	Box 90	1, La Pla			
Г	18 CAUSE OF DE	ATH (Enter on	ly one couse per	line for to i, (b and ic	0 0		250	BETWEEN	ONSET AND DEATH			
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	Conditions, if a	ony, which	((b)_	UX	trosili	ores							
	gave rise to cause (a), st	ating the	DUE TO, OI	R AS A CON	SEQUENCE OF								
	underlying co	use lost.	((c)										
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ě	Ului	u o.	ulnun	2 Ec	luna	- Usystin	luous	60	A1 14	P			
\S	190 DATE OF OPE	RATION	196 CONDI	TION FOR W	HICH OPERATION	WAS PERFORMED	20a AUTOPSY?		ES, WERE FINDII IFYING CAUSES				
CERTIFICATION							YES NOXX		ES _	NO 🗆			
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	AT WORK AT	WORK											
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	obove, (1) (w	e) (did) (did no	I view the body				leath accurred an the a	ate and no					
	22b. SIGNATURE	11	\)	R 0	110	DEGREE	MEDICAL STA	FF	22c. DATE				
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							DVI AND						
	HENRY L					LA PLATA, MA							
23a	BURIAL, CREMATIC	ON, REMOVAL		10.6		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE			
_			2/12	/86	Chicam	uxen Method	list Ceme	tery	Chicar	nuxen, Mo			
	FUNERAL DIRECTO			AOD	RESS	BEST C	REC'D BY REGISTRAF	Z36. REGIS	IRAR'S SIGNA	URBE .			
	Arenart	Funer	al Home	e, Inc	.,La Pl	ata Mol.				it			

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If Item 21 is marked or Item 18

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050051	1:	FOR STAIL REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	8 6 REG. NO	05155
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by the hospital ar offending physician. LERAL DIRECTOR: After this certificate has been in detached for use as the burial-transit permit. The detached for use as the burial-transit permit. The State Dept. of Health and Mental Hygiene prior it. ANI: If them 21 is marked or them 18 shows any injury.	MEDICAL CERTIFICATION	sow the deceased olive on Tobove, (I) (well (did) (and not) vi 22b. SIGNA (ARF	216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) Offiended the deceosed from 19 21e March 19 21f. LOCATION STREET DEGREE ATTENDING PHYSICIAN DIR	to fully or town	The and have and trom the causes stated 276 DATE SIGNED F
O HOSP TO FUNE should be with the S		ARTHUR O.	WOODDY. M.D P.O. Bx 430	braced a	INIC. LARYLAND 2010A

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR FUNERAL HOME, WALDORF, MD

2/16/86

236 DATE

230 BURIAL, CREMATION, REMOVAL

Burial

Old Durham Church Ironsides Charles
| 25a DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE, Lolis Tavidson Bondette

COUNTY

STATE

23d. LOCATION

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ORE	858		amue 1	EVED INTIL C A				Pe L L	VNO	17. INFORA			•	ADDRES:						
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	2	and the same		Caucas	ian		0/18 ^{AY} YEAR	68	MC	ONTHS DAYS HOURS MIN.						
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(IF NOT II					TANS MEMO	RTAL	HOSPITAL	T20. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY HOMEMAKER 12b. KIND OF BUSINESS OR UNDUSTRY HOME								
/IENC		AL RESIDENCE (P NUR)	13b COU Char	NTY	13c CITY OR TOWN La Pla	V	13d. INSIDE CITY LIMITS?	Route 4,	4198	198 20646						
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	1,	NO ORUNKNOWN)] IF YES GI	VE WAR OR DATES}	578-09-	3652	Wilson Wa	rder	same	e as 13						
		18 CAUSE OF DEAT			line for (a) by and	ic L	0 -1	+ 1	16.3	BETWEEN	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
		PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)														
		DUE TO, OR AS A CONSEQUENCE OF_														
		Conditions, if any,	Mil	2 0 mes												
	-	cause (a), statir underlying cause	dis	isces year												
١	z	PART 2 OTHER SIGN	NIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	MNAL DISEASE OR CON	DITION GIVE	N IN PART 1	0 /					
-	ATIO	19a DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	WERE FINDS	NGS USED						
7	CERTIFICATION	Part of the same						IN CERTIFYING CAUSES OF DEATH								
)	1000	210. ACCIDENT WAS UNI		21b. TIME C	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2)								
	CAL	(IF EITHER NOTIFY MEDI		AIR	M.	19										
	WEDICAL	21d INJURY OCCUR		21e PLACE	OF INJURY	ARM ETC)	21f LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE					
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		220.1 certify that (1)			e decedsed from_	6	. 19_5/1	. to			that (I) (we) last					
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		DANIE	EL HO	WELL, M.	D.		LA PLATA	A, MARYLAND	2064	6						
	23a B	URIAL CREMATION.	REMOVA	23b DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION								

DHMH - 16 60M 7/84 (VRA 15, 4)

FUNERAL HOME.

2/5/86

Burial

24 FUNERAL DIRECTOR

Waldorf, Charles, MD

Trinity Memorial Waldori, Charles,

250 Date recd by registrar 250 Registrar's signature
FEB 04 1986 INC.

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Funeral Home, Waldorf

FOR

REGISTRAR

FLOYD

1. DECEASED NAME TPE OR PRINTS

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 20. DATE OF DEATH MONTH W illiam 86 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 9 BALTIMORE CITY OR COUNTY OF DEATH COUNTY 126 KIND OF BUSINESS OR INDUSTRY Coal mining 13e.STREET ADDRESS / ZIP CODE Rt. 232, Box 242AA 20601 MIDDLE BARTH daughter Rifchie as 13 same CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20m AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES T 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE nd that in (my) (aur) apinian death accurred on the date and have and from the causes sta 22c. DATE SIGNED MEDICAL STAFF DIRECTOR PHYSICIAN 23d LOCATION

Waldorf

250 DATE REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE

Charles

Trinity Memorial

DHMH - 16 60M 7/84 (VRA 15, 4)

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24 FUNERAL DIRECTOR

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Burial Line , 17/8/86 Friends Hemorial Filaldon's Market, 188 duntt fungral Come. Naldorf, im J. Et Hickory